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## \*BIBDATASHEET\*

CONFIRMATION NO. 8629

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/692,643	<b>FILING OR 371(c) DATE</b> 10/24/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 3167/12A/US (6794F-000032/	
<b>APPLICANTS</b> Jaime L. Masferrer, Ballwin, MO; <b>** CONTINUING DATA *****</b> This application is a DIV of 09/843,132 04/25/2001 <i>abn</i> which is a CIP of 09/470,951 12/22/1999 ABN which claims benefit of 60/113,786 12/23/1998 <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/03/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> Examiner's Signature <u>                    </u> Initials <u>                    </u>		<b>STATE OR COUNTRY</b> MO	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> 47376					
<b>TITLE</b> Antiangiogenic combination therapy for the treatment of cancer					
<b>FILING FEE RECEIVED</b> 1126	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		